

Declaration of Tax Status

You must complete and submit this form with your enrollment form when enrolling a Washington State-registered domestic partner and/or his or her eligible children on your PEBB coverage. Consult a tax advisor if you have questions about whether to declare other dependents.

Under federal law, employer contributions for health insurance are excluded from an employee's gross income. However, if an enrolled PEBB dependent does not qualify as your dependent for tax purposes under Internal Revenue Code (IRC) Section 152, your employer must include the fair market value of his or her health insurance in your gross income. **This does not affect a family member's eligibility for PEBB coverage but it can affect your taxable income.** (The value of your dependent's health insurance is provided on the next page for state and higher-education employees and Medicare retirees.)

Does this mean I will be taxed on my domestic partner's health benefits?

First determine whether your Washington State-registered domestic partner is your dependent for tax purposes under IRC Section 152. If so, then no portion of the premiums paid by your employer for health coverage will be included in your taxable income or be factored into federal withholding or employment taxes. If your domestic partner's tax status changes, you must promptly notify your personnel, payroll, or benefits office (if an employee) or the PEBB Program (if a retiree). If you don't, it may affect your tax liability.

How do I determine if my PEBB dependents qualify for pretax benefits?

The Internal Revenue Service (IRS) provides information on how to determine a dependent's tax status. You can use the *Worksheet for Determining Support* in IRS Publication 501 to assess whether a dependent enrolled on your PEBB coverage qualifies as your dependent for tax purposes under IRC Section 152. The publication is available at www.irs.gov.

Section 1: Dependent Tax Status Information

List below all dependents you are enrolling on your PEBB coverage. Use additional forms for more members.

☐ **Yes**, this person qualifies as my IRC Section 152 dependent.

☐ **No**, this person **does not** qualify as my IRC Section 152 dependent. I should be taxed on the cost of his or her coverage.

Last name

First name

Relationship to subscriber

☐ **Yes**, this person qualifies as my IRC Section 152 dependent.

☐ **No**, this person **does not** qualify as my IRC Section 152 dependent. I should be taxed on the cost of his or her coverage.

Last name

First name

Relationship to subscriber

☐ **Yes**, this person qualifies as my IRC Section 152 dependent.

☐ **No**, this person **does not** qualify as my IRC Section 152 dependent. I should be taxed on the cost of his or her coverage.

Last name

First name

Relationship to subscriber

☐ **Yes**, this person qualifies as my IRC Section 152 dependent.

☐ **No**, this person **does not** qualify as my IRC Section 152 dependent. I should be taxed on the cost of his or her coverage.

Last name

First name

Relationship to subscriber

☐ **Yes**, this person qualifies as my IRC Section 152 dependent.

☐ **No**, this person **does not** qualify as my IRC Section 152 dependent. I should be taxed on the cost of his or her coverage.

Last name

First name

Relationship to subscriber

State and higher-education employees

The table below shows the amount that will be added to your total gross income and calculated into your withholding tax. This will be reflected on your pay stub, as well as your W-2.

2012 State Contribution for Medical and Dental Coverage for:			
Medical Plan	Partner	Subscriber's or Partner's Child(ren)	Partner and Child(ren)
All medical plans	\$479	\$378	\$857
2012 State Contribution for Dental Coverage (Without Medical Coverage) for:			
Dental Plan	Partner	Subscriber's or Partner's Child(ren)	Partner and Child(ren)
All dental plans	\$45	\$45	\$90

Employees of K-12 school districts, educational service districts (ESDs), and local government employer groups

Contact your payroll office for employer contribution amounts.

Retirees enrolled in Medicare

The table below shows the state's monthly contribution toward the domestic partner's medical coverage, which will be reflected in the 1099 form you receive from the HCA.

Medical Plan	2012 State Contribution for Medical Coverage for Partner
Group Health Classic	\$126
Group Health Medicare Plan	\$126
Group Health Value	\$126
Kaiser Permanente Classic	\$144
Medicare Supplement Plan F Retired	\$ 94
Medicare Supplement Plan F Disabled	\$150
Uniform Medical Plan Classic	\$150

All monthly amounts shown above are rounded to the nearest dollar, consistent with IRS tax reporting.

Section 2: Signature *Required*

By signing this form, I declare that the information I have provided is true, complete and correct. If it isn't, or if I do not update this information within the timelines in PEBB rules, to the extent permitted by federal and state law, I must repay any claims paid by my health plan(s) or premiums paid on my behalf. My PEBB dependents may also lose PEBB benefits as of the last day of the month we were eligible. To the extent permitted by law, PEBB may retroactively terminate coverage for my dependents if I intentionally misrepresent eligibility, or do not fully pay premiums when due. In addition, I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, denial of PEBB benefits, and loss of my job.

I understand that:

- This declaration of responsibility may have legal implications under federal and/or state law.
- A civil action may be brought against me for any losses, including reasonable attorney's fees, if I have made a false statement in this declaration.
- I must notify my personnel, payroll, or benefits office (if I am an employee) or the PEBB Program (if I am a retiree) if there is a change in my domestic partnership or dependent's tax status promptly after the change. **Any change in my family status may also directly impact the calculation of my taxable income.**

HCA's Privacy Notice: We will keep your information private as allowed by law. To receive our Privacy Notice, call 360-923-2822 (effective January 1, 2012: 360-725-0442) or go to www.hca.wa.gov.

Subscriber's printed name _____ Subscriber's signature _____

Subscriber's social security number _____ Date _____

Employees: Return this completed form to your personnel, payroll, or benefits office.
Retirees, COBRA, and Leave Without Pay members: Return this completed form to:
Washington State Health Care Authority, PEBB Program, P.O. Box 42684, Olympia, WA 98504-2684